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MORPHINOMANIA.

FROM time to time the English language has been enriched by the addition of words representing varieties of vice, or morbid tendencies. We are by this time painfully familiar with the meaning of dipsomania, and even with that of kleptomania. Irresistible tendencies to drink and to steal are what we wish to express by these terms, and the victims of them we call dipsomaniacs and kleptomaniacs. We now find ourselves face to face with a new vice, which some French writers have termed 'morphinomanie,' and which the Germans call 'Morphiumsucht.' These words have been introduced to indicate an uncontrollable craving for morphia, which is said to be demoralising an ever-increasing number of people in this and in other countries.

It has long been known that opium-eating is not confined to China and other Eastern countries in which it is so rampant an evil. Almost every country in Europe, our own included, has been invaded by the pernicious habit, though, happily for us, opium-smoking has never taken root here. For years past morphia, one of the many substances extracted from opium, has been largely used in medicine in preference to opium, being much more rapid in its action, more efficacious, and unattended with certain inconveniences which are connected with the use of the earlier known narcotic. When administered with prudence morphia is a great boon to many sufferers; but in careless or ignorant hands it may prove a curse. It is usually given by the mouth or injected beneath the skin, the latter method being followed by more speedy relief of pain and other troubles than the former, and being accompanied by less unpleasant consequences.

But the drug is only safe in the hands of medical men who appreciate its dangers: abuse almost certainly follows if its administration be left to the patients themselves. The terrible consequences which often ensue will be referred to again presently, as well as the fatal ease with which the drug may be procured.

But the reader will ask, Who are these morphinomaniacs? and the answer given must be that which De Quincey gives with reference to the opium-eaters of his day—'Reader, I am sorry to say, a very numerous class indeed.' That they are very numerous in this

country I do not assert, and the object of this article is to try and prevent their being so. That they are very far from few my own personal experience, as well as that of others, forces me to believe; and, if we may accept what foreign writers have said on the subject, this vice has taken very firm hold of society in other countries. In a lecture delivered in 1885, and entitled '*Deux Poisons à la Mode, la Morphine et l'Éther*,' Professor Paul Regnard quotes the following passage from '*L'Évangéliste*,' one of M. Daudet's novels:

Poor De Lestande . . . yet another unhappy one. . . . You heard about the death of her husband, that fall from his horse at the great review. . . . She has been inconsolable . . . but, to lull her to forgetfulness, she has her injections. . . . Yes, she has become . . . what do they call it? . . . a morphinomaniac. A whole society of such ladies exists . . . When they have their meetings each one brings her little silver case with the needle and the poison . . . and then in it goes in a moment into arm or leg. It does not make them drowsy, but comfortable. Unfortunately the effect gets less and less, and the dose has to be increased.

In the same lecture Professor Regnard writes as follows:

Thus morphinomania does not always owe its origin to pain or sorrow. Many people take morphia in the same way that others smoke, drink, or play music . . . to kill time, to divert themselves, to fill with vague musings the void which idleness leaves in useless lives. It is thus that at the very moment I am speaking to you the pink of society in Paris, and probably in London and Berlin too, is peacefully poisoning itself.

Such extracts tend to prove that the habit of injecting morphia has been established in Parisian society, and the professor more than suspects that it has found as favourable a reception in London. That his opinions are in part true I know, but I believe that he exaggerates the prevalence of the vice among us. What he says in another portion of his lecture shows that we cannot unhesitatingly accept everything which he asserts. Thus, speaking of the abuse of ether as a stimulant, he says:

In London, where ethermania is much more common than with us, the keepers of the squares and parks often find among the clumps of trees empty bottles, invariably labelled '*Sulphuric ether*.' They have been thrown there by the victims of this mania, who have fled from their homes to devote themselves to their favourite passion in the open air. Monalte tells us that after the Epsom races many phials of ether are to be found amongst the empty champagne-bottles left on the racecourse.

Most people will be startled to hear from the other side of the Channel that London society resorts freely to the use of morphia injections for the purpose of killing time or of producing certain vague and pleasurable sensations similar to those which are derived from tobacco-smoking, music, etc. Nor will they be ready to credit, without further inquiry, the assertion that their friends seek the more solitary nooks of our squares and parks to narcotise themselves

with ether. But they may nevertheless rest assured that, as regards morphia at any rate, there is some truth in the dicta of Professor Regnard. The evil is in our midst, often where least suspected, though it has not assumed the proportions which it appears to have assumed among the French. But, once introduced, the danger of rapid growth is great, and so relentless is the habit, when it has once established itself, that few of its victims succeed in releasing themselves from it by their own unaided efforts.

It must not be supposed that the French afford an isolated example of the seductive powers of morphia. Let us see what Dr. Zambaco has to tell us about the Turks, and the extent to which the vice in question has victimised society in Constantinople. In a communication ('De la Morphéomanie') made to the Medical Congress of Athens in April 1882 this physician writes as follows:

I have often seen fashionable people with a regular arsenal of little injecting instruments, who, thanks to their medical men, had always at their disposal a solution of morphia strong enough to poison them. Ladies even, belonging to the most elegant classes of society, go so far as to show their good taste in the jewels which they order to conceal a little syringe and artistically made bottles, which are destined to hold the solution which enchants them! At the theatre, in society, they slip away for a moment, or even watch for a favourable opportunity of pretending to play with these trinkets, while giving themselves an injection of morphia in some part of the body which is exposed, or even hidden from view. Is there any great difference between them and the fashionable opium-eaters, who always carry about with them their rich gold or enamelled box of opium pilules? Do they not also exactly resemble the dipsomaniacs of the upper classes, who, as I have often seen, always carry in their pocket an elegant bottle of bohemian glass filled with cognac, some of which they swallow from time to time, without being obliged, like the common people, to visit the public-houses which they meet on their way.

Wherever morphia has been used medicinally the dangers which accompany its abuse have been experienced. Germany and America suffer no less than France and Turkey, and those who have written on the subject acknowledge what a fearful tyranny the drug establishes over its unwary votaries. England already counts no inconsiderable number of victims, and unless people will take warning in time the consequences threaten to be as disastrous as they have been in other countries. Even in 1871 an American writer (Alonzo Calkins, M.D.) remarked in his work on *Opium and the Opium Appetite*, 'the "dear morphine" it is that commands the especial patronage of English ladies.' Whether the illicit consumption of morphia in all its forms is greater now than it was then one cannot say; but the subcutaneous method of administering it appears to be the most fashionable in modern society. How, it will be asked, is the habit of injecting morphia engendered?

Here in England the abuse of morphia by the habitual employment of injections has its origin, in almost all cases, in its legitimate use as a medicinal agent. During some serious illness or excruciating pain

a medical man gives an injection as the most effectual and speedy method of affording relief. It is repeated again and again until the condition which called for its use has entirely subsided. The doctor ceases his attendance, and the patient is considered convalescent and perhaps goes away for change of air. But though his pain is gone he does not feel well—an indefinable sense of discomfort, restlessness, and lack of energy oppresses him. He remembers the calm which pervaded him after each injection of morphia, and he tries another. In the short space of a few minutes he is an altered being: he recovers his wonted vigour and vivacity, and the cloud which overwhelmed him is lifted as if by magic. He goes on his way rejoicing, only to relapse after a variable number of hours into that condition of dejection, feebleness, and discomfort from which the morphia lately liberated him. He has recourse to it again, and once more experiences its wonderful effects. And now the habit is developed: injections are habitually required before the ordinary duties of life can be performed, and the quantity of the drug employed has to be periodically increased as the system becomes accustomed to it. The patient has, in short, become the victim of an imperious necessity; for the suffering involved in relinquishing the morphia is more than even the most resolute show themselves capable of enduring. An uncontrollable craving, or morphinomania, is established. Dr. Zambaco gives a most graphic account of the condition of a morphinomaniac before and after his injection, which I cannot do better than quote:

‘When the regular time for the injection arrives’ (says he), ‘an ever-increasing agitation takes possession of me.’ The doctor cannot remain still: an intolerable sensation courses through all his limbs, just as if ants were running over him, as if he was being eaten by innumerable worms; a kind of fatigue, of lassitude, of extreme feebleness succeeds. His limbs are dull and heavier than usual, just as they are on leaving a bath in which one has stayed a considerable time. Respiration becomes anxious, deep, and sighing; the pulse feeble, small, and sometimes rapid and irregular. He has palpitation of the heart, buzzing in the ears, and a feeling of emptiness in the head. He cannot fix his mind on anything, and any intellectual work is absolutely impossible. His pupils, which have been contracted ever since he has used the injections, are comparatively widely dilated; one all-absorbing thought dominates him and torments him at that time—the thought of giving himself an injection. If in moments such as these one tries to oppose him, to prevent his injection, or to delay it, he gets into a violent rage—he is beside himself. For the least remark his wife might make to him, he would break and smash everything. In fact, one day, when Madame L. had delayed an injection which she hoped by entreaties to prevent, he was seized with a regular attack of furious madness. I was present at one of these scenes of excitement, and I was surprised at its violence.

As soon as the injection is given, a complete change takes place. He becomes tranquil again, his good humour returns, at any rate to a certain extent, and he experiences a general feeling of ease. All the unpleasant sensations which made themselves everywhere felt at once give place to calm. He becomes more active, and freer in his movements; the pulse recovers, respiration becomes regular, and his intelligence awakens and is fit for work. Food can then be taken, and he

becomes talkative. In short, the doctor is only to be found in his normal condition after an injection. The numbing and narcotic effects of morphia do not come on until an hour or two after the injection; but the first influence which it exerts upon the body is shown in an increase of power and in calming the nervous system.

The description which has been given of the way in which the morphia habit is induced applies only to those countries (let us hope England is one) in which the vice is comparatively rare and only secretly indulged in. When it becomes more prevalent the drug is used for the most trivial reasons, or even simply to produce a condition of intoxication. Pernicious as alcohol is when used for this purpose, it is not as bad as opium; for, as an American writer says—

The appetite for strong liquors may subside and then slumber for months, or until waked up again, as when a stray spark has accidentally dropped into a powder magazine, thus affording space for an attempted reform: opium allows no slumberings, no intervals, no haltings.

Now what are the ill effects which morphia produces?

Persons who have become morphia habitués remain free from trouble for variable periods of time. Some begin to suffer seriously in a few months, others only after years. This difference depends rather upon individual peculiarities than upon the quantity of the drug which is taken. But sooner or later all degenerate, both bodily and mentally. They become pale, sallow, and emaciated; their appetite is greatly diminished, and the digestive processes are disordered; sleeplessness sets in in spite of their morphia, and what rest they do get is disturbed by horrible dreams. They become sterile, and lose their energy and interest in life, while all their thoughts are concentrated on their morphia. If they have been accustomed to inject the drug subcutaneously, those parts of the body which are within reach of the syringe are one mass of sores, so that they are sometimes at a loss to find a sound spot where they can tolerate an injection. These physical troubles are bad enough, but the moral change eclipses them. No one who has not had experience of these melancholy cases can form an idea of the moral perversion which this habit produces. 'The constant and increasing use of the drug—for this is the rule—at length enfeebles the will and makes the man a moral paralytic, of all spectacles the most pitiable this side the grave' (*Opium-Smoking and Opium-Eating*, by George Shearer, M.D., 1881). Untruth is a second nature with them. 'As a rule, no one thinks of trusting to the word of an opium-smoker, his character is wholly unreliable' (George Shearer); the same may certainly be said of the morphia habitué. Levinstein, one of the greatest German authorities on the subject, says: 'Educated, intelligent men and women, otherwise deserving of respect, descend to lying.' Even De Quincey, though he denies moral perversion, admits that opium renders a man incapable of doing what he knows to be right. 'The

opium-eater loses none of his moral susceptibilities or aspirations; he wishes and longs as earnestly as ever to realise what he believes possible and feels to be exacted by duty; but his intellectual apprehension of what is possible infinitely outruns his power, not of execution only, but even of power to attempt. He lies under the weight of incubus and nightmare; he lies in sight of all that he would fain perform, just as a man forcibly confined to his bed by the mortal languor of a relaxing disease who is compelled to witness injury or outrage offered to some object of his tenderest love: he curses the spells which chain him down from motion; he would lay down his life if he might but get up and walk; but he is powerless as an infant, and cannot even attempt to rise' (*Confessions of an English Opium-Eater*). The morphia habit may even transform the tenderest affection into hate. I have known a happy home rendered almost uninhabitable, and a husband driven to despair, by the terrible change produced in the character of his wife by the influence of this habit. An affection of more than twenty-five years' standing was changed to hate, openly and constantly expressed. On the other hand, I have seen a man become attached and engaged to a girl while addicted to the use of morphia, and place himself under treatment for the purpose of giving up the vice and getting married; but his love vanished with his morphia.

Such are some of the changes which are produced on the mind and body of those who have become slaves to morphia or opium, which make life as it then is intolerable, and which drive them to seek advice and relief from members of the medical profession. And what advice can we give? This only, that the habit must be relinquished. Persistence in it may prove fatal. Levinstein says: 'The outcome of the morphia habit, if a cure is not effected, is a condition of debility which finally leads to emaciation and death.' Give up the morphia—that is simple advice enough—and a cure is promised: why then hesitate? Ah! reader, you little know what the patient knows too well. Do not suppose that he has never tried to break himself of the habit, and failed miserably. He knows what a slave he is, and the price at which he must buy his freedom. Whether he gives up the drug suddenly and once for all, or slowly weans himself, a period of bitter suffering awaits him. That he cannot escape. What a dilemma then lies before him! He cannot remain where he is, and a dreadful chasm has to be faced if he will reach the land of safety. For, speaking from my own experience, I know no condition more pitiable to behold, or more painful to the sufferer, than that which supervenes on stopping the morphia. Physicians are aware that few can endure it, and that unless a patient has put himself absolutely under the control of his medical attendant, and can be restrained, he will again seek relief from his distress where he knows so well he can obtain it.

Just watch a morphia habitué deprived of the drug. The first slight uneasiness and sense of general discomfort gradually passes into extreme restlessness, accompanied by the most profound depression; the stomach becomes so irritable that nothing can be retained, and there is nausea and a distressing sensation of emptiness and sinking. The whole nervous system, which has been working so long under a deadening weight, abuses its liberty and runs absolutely riot; a breath of air which would bring relief to an ordinary sufferer is painful to him; so sensitive is the skin that a touch distresses, and even the eye and ear are incapable of tolerating the most ordinary stimulations. To these troubles is added sleeplessness: the patient cannot get a moment's rest; or, if he should close his eyes in sleep, horrible dreams and an indefinable terror take possession of him, and make him dread that condition which others look to for consolation and relief. Incapacity to take food, prolonged sleeplessness, constant sneezing, yawning, and vomiting, painful acuteness of all his senses, and other troubles sink the sufferer into a condition of prostration and despair, only to be relieved by morphia. Who then can wonder if the wretch yields again to the drug which has so long enslaved him? Hovering between a longing to be free and a feeling of incapacity to endure his agonies, he asks reproachfully whether it is true that science has discovered no means of relief, no substitute for morphia, which may be given him until the storm be past. No, we have no means at our disposal which will do more than alleviate these sufferings; and if the morphia habitué will be freed, he must place himself under such control as can prevent his giving way under the trial, as he almost inevitably will if left to himself.

But severe as the ordeal is, he has this consolation and this great inducement to submit to it—namely, that it is short. A few days will see him through the worst, and although he may not be comfortable for a week or two, his discomfort is endurable, and becomes less and less, until it gradually passes into ease and health.

A more detailed description might have been given of the condition to which those who make a habit of using morphia reduce themselves, and of the troubles which accompany the process of cure. But it would have been out of place in an article in this Review, the only object of which is to call attention to a very serious vice which threatens to take root among us, as it appears to have done among our neighbours. For I am convinced that the prevention of the evil rests rather with the public in general than with medical men. The latter no doubt have been to blame in being too ready to continue injections of morphia, and even in handing over the syringe to the patients themselves. But it required time to realise the danger, and now that it is fully appreciated they are not likely to be guilty of negligence in future. Many an individual falls a victim to the

habit without clearly understanding what he is doing, and therefore without premeditation. He only knows that he is suffering from severe pain or discomfort, and he calls loudly for relief. If he appreciated the danger he would be less ready to put himself within the grasp of so ruthless an enemy.

When the disease from which the patient is suffering is one which will require prolonged treatment by morphia, whether administered internally or subcutaneously, both he and his friends should be cautious how they expose themselves to such a risk: the doctor should be left to decide whether such treatment is essential, but he should not be driven to it, as he often is, by urgent demands for immediate relief.

When the disease is both painful and necessarily and quickly fatal this caution does not apply. Opiates may be freely given and unhesitatingly accepted.

It may be thought that after all, when pain has been relieved and the affection which gave rise to it cured, it requires the doctor's co-operation to procure morphia for his patient. Unfortunately this is not the case; the public are allowed to poison themselves without let or hindrance. Experience has taught us that opium and morphia can be freely procured either by means of old prescriptions, or in the absence of any prescription at all. So that people are at liberty to become morphinomaniacs if they please. Professor Regnard says:

But rest assured of this, gentlemen—it is the duty of the patient's family, it is the duty of all, to prevent the terrible mania of which we have been just speaking from developing itself. If they will succeed they must arrest their friends in their downward course, they must take from them the means of injuring themselves, they must be ever on the watch to snatch pitilessly from them the instruments of their madness.

It is perfectly true that prevention must be left largely to patients and their friends. Medical men too often first hear of the habit which has been contracted when called upon to aid in overcoming it. Ignorance seems to be responsible for many cases, and should this article be the means of pointing out the dangers of morphia to some who would otherwise have fallen victims to its habitual use, the object which the writer has in view will have been accomplished.

SEYMOUR J. SHARKEY.